



St. Louis County Registrar of Titles

PO Box 157 • Duluth, Minnesota • 55801-0157

TORRENS FILING REQUEST

Form completion date _____

Client File _____

Name _____

Phone _____

Address _____

Return ☐ Mail ☐ Pick-up _____

Title Change [MN Statute § 508.421] ☐

Notes _____

Signature _____

♦♦ These columns reserved for Registrar's Office ♦♦

Priority	Doc Type	Certificate # / Notes	File in Abstract? (Y/N)	CW	CC	WC	DT & MT	RECORDING FEE
1							DT	
							MT	
2							DT	
							MT	
3							DT	
							MT	
4							DT	
							MT	
5							DT	
							MT	
6							DT	
							MT	
7							DT	
							MT	
8							DT	
							MT	

Recording fees payable to REGISTRAR OF TITLES. All taxes payable to COUNTY AUDITOR.

♦♦♦ Documents presented with this request are not filed until they are fully processed in the Office of the Registrar of Titles ♦♦♦

Below this line reserved for Registrar's Office use.

Status _____ Return _____ Deposit Acct _____ Coded _____ Logged _____

R.E. on _____ (\$ _____)

DOCUMENT # From _____ to _____